



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

March 8, 2006

Subject: Your Household Goods Annual Report and Regulatory Fees are Due May 1

State law requires you to file an annual report and pay regulatory fees to the Washington Utilities and Transportation Commission.

What is required of me?

By May 1, you must:

- Complete and file the enclosed 2005 annual report form
- Pay your 2006 regulatory fees

Failure to file your annual report or pay regulatory fees by May 1 will result in a penalty and possible cancellation of your permit to operate in Washington. This is the only notice you will receive from the commission.

What happens if I do not pay my regulatory fees by May 1?

If regulatory fees are not paid by May 1, you will incur:

- a 2 percent penalty on the amount due; and
- a 1 percent monthly interest charge on the unpaid balance.

Can I request an extension of time if I am unable to file the annual report by May 1?

Yes, you must provide the request in writing, including a valid reason for the extension by May 1. We will notify you when your request is approved or denied. You will still be liable for penalty and interest payments if you fail to pay your regulatory fees by May 1. If you are late filing your annual report or fail to file, you could incur additional penalties up to \$100 a day.

Where do I mail the completed annual report form and regulatory fee payment?

Washington Utilities and Transportation Commission

PO Box 47250

Olympia, WA 98504-7250



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Where can I obtain an electronic version of the annual report?

Forms are available on our website at www.wutc.wa.gov. Locate "Quick Links" then select "2005 annual reports".

Who do I contact if I have questions?

You may call 360-664-1201 or e-mail us at: annualreports@wutc.wa.gov. If you need this information in an alternate format, please call 360-664-1133. TTY Toll Free phone number is 1-800-416-5289 or 360-586-8203.

Sincerely,

A handwritten signature in black ink, appearing to read "Carole J. Washburn". The signature is fluid and cursive, with the first name "Carole" being more prominent.

Carole J. Washburn
Executive Secretary

Enclosures

2
0
0
5

HOUSEHOLD GOODS CARRIERS

ANNUAL REPORT

Full name and address of Company

Correct name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2005

Inquiries concerning this Annual Report should be addressed to:

NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL															For Commission Use Only													
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard															Credit Card Authorization #: _____													
Date															Expiration													
Credit Card Number:															Month/Year													
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.																												
Name (Printed): _____															Title: _____													
Signature: _____															Date: _____													

For Commission Use Only																																		
Reception Number: _____															001-111-02-68-207-11: _____										Ref. No: _____									
001-111-02-68-207-01: _____															001-111-02-68-032-05: _____																			

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250
Web Site: www.wutc.wa.gov

CERTIFICATION

I certify that I, _____, the responsible account officer for _____ have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2005, to December 31, 2005, inclusive.

Name (Printed): _____ Title: _____

Signature: _____ Date: _____

SCHEDULE 1

Washington Unified Business Identifier (UBI) No.: _____

(If you do not know your UBI No. please contact the Department of Licensing at 360-664-1400)

SMALL BUSINESS ☐ No ☐ Yes **Small Business means** any business entity, including a sole proprietorship, corporation, partnership, or other legal entity, owned and operated independently from all other businesses, that has the purpose of making a profit, and has **fifty or fewer employees**.

TYPE OF MOTOR CARRIER ☐ Individual ☐ Partnership ☐ Corporation, ☐ Other (LP, LLP, LLC, etc.)

List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list members and percentage of ownership.

Name: _____ Title: _____ Percent/Shares/Stock/Ownership: _____

Name: _____ Title: _____ Percent/Shares/Stock/Ownership: _____

Name: _____ Title: _____ Percent/Shares/Stock/Ownership: _____

Safety Director Name: _____ Telephone Number: _____

Claims Manager Name: _____ Telephone Number: _____

Drivers employed during the year: _____

Total vehicles operated during the year: _____

Total Vehicles Owned: _____ Total Vehicles Leased: _____

Total Vehicles Under 10,000 lbs (gvw rating): _____

Did you have any Recordable Accidents in 2005? ☐ Yes ☐ No

If yes, how many recordable accidents? _____

(please indicate total recordable accidents for both interstate and intrastate operations)

Recordable Accident Definition: An occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or disabling damage to a vehicle requiring it to be towed from the accident scene.

TERMINAL FACILITIES

Do you operate terminals at locations other than the primary address of record? ☐ Yes ☐ No

If yes, list (or attach a list) the address of each terminal located in Washington State:

STORAGE FACILITIES

Do you operate your own storage facilities? ☐ Yes ☐ No

If yes, list (or attach a list) the address of each warehouse located in Washington State:

INTERSTATE OPERATIONS

Do you have interstate operating authority? ☐ Yes ☐ No

If yes, what is your MC#: _____

Do you operate as the agent of an interstate carrier? ☐ Yes ☐ No

If yes, what is the name of the carrier? _____

HOUSEHOLD GOODS MOVES

Total number of household goods moves completed during the year: _____

Number of household goods moves completed in Washington (intrastate): _____

Total number of written estimates issued during the year: _____

Number of written estimates in Washington (intrastate): _____

Total number of Loss and/or Damage Claims received during the year: _____

Number of Loss and/or Damage Claims for Washington (intrastate): _____

INSURANCE

Public Liability and Property Damage Insurance Company Name: _____

Policy Number: _____

CARGO INSURANCE

Cargo Insurance Company Name: _____

Cargo Insurance Policy Number: _____

You are not required to complete Schedule 2 if you are reporting "0" revenue or if you are a "small business" as defined in Schedule 1 on page 3 of this report.

SCHEDULE 2

Line No.	Item	Total Amount
OPERATING REVENUES		
1	Common Carrier (\$ Washington Intrastate Household Goods Revenue)	
2	Contract Carrier (\$ Washington Intrastate Household Goods Revenue)	
3	Other Operating Revenues (describe)	
4	Total Operating Revenues	
OPERATING EXPENSES		
SALARIES AND WAGES		
5	Owners, Spouses, Officers or Partners	
6	Clerical and Administrative (e.g. billing, personnel, etc.)	
7	Managerial/Supervisory (all not shown on line 5)	
8	Drivers and Helpers	
9	Mechanics and Truck Service	
10	Other Employees	
11	Total Salaries and Wages	
PAYROLL TAXES AND RELATED EXPENSES		
12	Federal Social Security (FICA) Taxes (\$ Owners, Partners, Officers)	
13	Federal Unemployment Taxes (\$ Owners, Partners, Officers)	
14	State Unemployment Taxes (\$ Owners, Partners, Officers)	
15	Workman's Compensation (Industrial Insurance) (\$ Owners, Partners, Officers)	
16	Other Payroll Taxes and Related Expenses (\$ Owners, Partners, Officers)	
17	Total Payroll Taxes and Related Expenses (\$ Owners, Partners, Officers)	
PAYROLL FRINGES		
18	Health and Welfare (Medical Insurance) -- employees	
19	Health and Welfare (Medical Insurance) -- owners, partners, officers	
20	Pension (Include IRA's and Keough Plans) -- employees	
21	Pension (Include IRA's and Keough Plans) -- owners, partners, officers	
22	Life insurance (Include IRA's and Keough Plans) --employees	
23	Other Payroll Fringes	
24	Total Payroll Fringes	

OPERATING SUPPLIES AND EXPENSES

25	Fuel, Including Fuel Tax	
26	Oil and Lubricants	
27	Repairs, Vehicle Parts and Outside Maintenance	
28	Tires and Tubes	
29	Other Operating Supplies and Expenses	
30	Total Operating Supplies & Expenses	

GENERAL SUPPLIES AND EXPENSES

31	Office Supplies, postage, etc.	
32	Tariffs (WUTC/ICC/PUC, ETC.), Advertising (Yellow Pgs, ETC.) and Dues (Assoc. , ETC.)	
33	Sales Commissions	
34	Expense Accounts -- Officers and Supervisory Personnel (Travel, Meals, etc.)	
35	Other General Supplies and Office Expenses	
36	Total General Supplies & Expenses	

OPERATING TAXES AND LICENSES

37	State Revenue Taxes (e.g., Washington B & O, Ton-mile, etc.)	
38	Vehicle Licenses and Registrations (Tonnage, Tolerance, Excise tax)	
39	Federal Highway Use Tax	
40	City, County, State Business Licenses	
41	State Regulatory Fees (WUTC or PUC)	
42	Real Estate and Personal Property Taxes	
43	Other Taxes and Licenses	
44	Total Operating Taxes & Licenses	

INSURANCE AND SAFETY

45	Public Liability and Property Damage Insurance	
46	Cargo Loss and Damage Insurance and Claims Payments	
47	Other Insurance (Theft, Glass, Structures and Buildings, etc.) & safety	
48	Total Insurance and Safety	

COMMUNICATIONS & UTILITIES

49	Communications Expense (Telephone, Radio, etc.)	
50	Utilities (Heat, Light, Power, Water, Sewer, Garbage, etc.)	
51	Other Communications and Utilities Expenses	
52	Total Communications & Utilities	

DEPRECIATION AND AMORTIZATION

53	Building and Structures (Terminal, Shop, etc.)	
54	Revenue Equipment (Trucks, Power Units, etc.)	
55	Other Carrier Property	
56	Leasehold Improvements	
57	Amortization	
58	Other Depreciation and Amortization	
59	Total Depreciation & Amortization	

OPERATING RENTS

60	Equipment Rents and Purchased (Leased) Transportation -- Net	
61	Building Rents	
62	Computer and Office Equipment Rents	
63	Other Rents	
64	Total Operating Rents	
65	(GAIN) OR LOSS ON DISPOSITION OF OPERATING ASSETS	

MISCELLANEOUS EXPENSES

66	Legal Services	
67	Accounting Services	
68	Uncollectible Revenue	
69	Other Miscellaneous Expenses & Professional Fees	
70	Total Miscellaneous Expenses	
71	TOTAL OPERATING EXPENSES GRAND TOTAL (Total of Lines 11, 17, 24, 30, 36, 44, 48, 52, 59, 64, 65, 70)	
72	NET CARRIER OPERATING INCOME (line 4 minus Line 71)	
73	Other Income (Credit) (describe)	
74	Interest Expense	
75	Corporate Income Tax	
76	Other Deductions (describe)	
77	Income Deductions (Total of lines 74, 75, & 76 minus line 73)	
78	NET INCOME (line 72 minus line 77) (Show loss in brackets)	

REGULATORY FEE CALCULATION SCHEDULE

Company Name _____ Annual Report Year 2005

In accordance with RCW 81.24.010 and 81.80.321 "Regulatory Fees", the Commission requires Household Goods companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue from operations for the preceding year and pay to the Commission a fee as instructed below. There is no minimum fee.

All Washington intrastate carriers of Household Goods must complete and file this report. If you did not have revenue from the intrastate transportation of Household Goods indicate "0" on line 1

1 Total Gross Intrastate Operating Revenue **	1		\$	
2 Total Regulatory Fees owed (enter amount from line 1)	2	\$	x .25% (.0025) =	\$
			Agency Use Only	001-111-02-68-207-01

Complete Lines 3 through 6 if filing after May 1

3 Penalties on Regulatory Fees filed after May 1	3			
3a Total Penalties on Regulatory Fees owed - enter amount from line 2	3a	\$	x 2 % (.02) =	\$
4 Interest on Regulatory Fees filed after May 1	4			
4a Amount from line 2 _____ x Number of months past May _____ x 1% (.01) =	4a			\$
5 Total Penalties and Interest owed (add lines 3a and 4a)	5			\$
			Agency Use Only	001-111-02-68-207-11
6 Total Regulatory, Penalty and Interest Fees Due (add lines 2 and 5)	6			\$

**** Note:** Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under Washington Utilities and Transportation Commission Tariff 15A. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables or the payment of state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.